

CLAIMS ONLY

Application Number

10705405

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------|----------|--------|-----------------------|--------|------------------------|--------|
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| Dependent or amendments | | | | | | |
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| Total Indep | | | 2 | | | |
| Total Depend | | | 55 | | | |
| Total Claims | | | 57 | | | |